

**Substitute for form 1449/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(use as many sheets as necessary)*

Sheet

1

of

2

Attorney Docket Number

**COMPLETE IF KNOWN**

**Application Number** 10/564,347

**Filing Date** January 11, 2006

**First Named Inventor** Annette S. Kim

Group Art Unit 1626

Examiner Name R. T. Shiao

## U.S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<p>Substitute for form 1449/PTO</p> <p><b>INFORMATION DISCLOSURE</b></p> <p><b>STATEMENT BY APPLICANT</b></p> <p><i>(use as many sheets as necessary)</i></p>		<b>COMPLETE IF KNOWN</b>	
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Send this form with next communication to applicant.